The DYLL REVIEW
We take the worry out of Peer Reviews
25 Highland Park Village #100-177 Dallas TX 75205
Phone: 888-950-4333 Fax: 888-9504-4443

Notice of Independent Review Decision

February 9, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Request: Bilateral L4-L5 and L5-S1 Facet Injection under Fluoroscopy with Intravenous Sedation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The physician performing this review is Board Certified, American Board of Orthopedic Surgery. The physician has been in practice since 1982 and is licensed in Texas and Oklahoma.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Upon independent review, the physician finds that the previous adverse determination should be ~ Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

This male was injured when he was struck by another vehicle on xx/xx/xx. The patient subsequently was diagnosed with a herniated disk for which a diskectomy was performed at L5-S1 with an artificial disk replacement 11/09/06. Subsequently, the patient did undergo a laminectomy at L5-S1 in May 2008. Since, the patient has received multiple epidural steroid injections at both L5-S1 and L4-5. On 11/29/12, an MRI of the lumbar spine noted metallic artifact secondary to the artificial disk at the L5-S1 level with lateral recess and foramina distorted. At L4-5, there was a disk bulge without central canal stenosis. The foraminal stenosis appeared mild on the right, mild to moderate on the left. Subsequent CT scan of 12/05/14 revealed similar findings. Calcification of the annular

fibers at L3-4 and L4-5 was thought to perhaps reflect chronic annular tears. There was mild bilateral SI arthritis.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient has been followed with ongoing complaints of low back pain with numbness in the left greater than right leg. The patient has had physical examination findings currently documenting paraspinal spasm. On 12/19/14 after the CT scan, the examination noted L4-5/L5-S1 tenderness with pain on extension. Other than the information reviewed by the previous peer reviews, no further information was provided beyond the 12/19/14 office note, and, as noted in the previous peer reviews, there was no discussion of the issues that the prior peer reviewers considered to be appropriate to make a determination as to medical necessity. The prior review concerns are appropriate in that the medical records did fail to document current conservative treatment, did fail to document previous response to prior blocks, both of which are information that *ODG* considers necessary to determine the necessity of repeat facet blocks. This recommendation is in line with the *ODG* low back chapter on facet blocks as there was lack of documentation of current appropriate conservative treatment, lack of documentation of response to the previous facet injections.

The 12/31/14 peer review performed by certified orthopedic surgeon, recommended non-certifying the request as there was lack of evidence of failure of recent course of active therapy and lack of clinical indications supporting the procedure. The 01/13/15 review by orthopedic surgeon indicated the lack of documentation addressing the prior peer review concern of failed conservative care, lack of documentation indicating levels and laterality, as well as objective clinical response to prior blocks.

The DYLL REVIEW
We take the worry out of Peer Reviews
25 Highland Park Village #100-177 Dallas TX 75205
Phone: 888-950-4333 Fax: 888-9504-4443

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)